

SENATE BILL REPORT

2SHB 1106

As Reported By Senate Committee On:
Health & Long-Term Care, March 28, 2007
Ways & Means, April 2, 2007

Title: An act relating to the reporting of infections acquired in health care facilities.

Brief Description: Requiring reporting of hospital-acquired infections in health care facilities.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Campbell, Chase, Hankins, Morrell, Appleton, Hudgins, McDermott and Wallace).

Brief History: Passed House: 3/08/07, 86-10.

Committee Activity: Health & Long-Term Care: 3/15/07, 3/28/07 [DPA-WM].
Ways & Means: 4/02/07 [DPA(HEA), w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Fairley, Kastama, Kohl-Welles, Marr and Parlette.

Staff: Edith Rice (786-7444)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended by Committee on Health & Long-Term Care.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Pridemore, Vice Chair, Operating Budget; Zarelli, Ranking Minority Member; Brandland, Carrell, Fairley, Hatfield, Hobbs, Honeyford, Keiser, Kohl-Welles, Oemig, Parlette, Rasmussen, Regala, Schoesler and Tom.

Minority Report: That it be referred without recommendation.

Signed by Senator Roach.

Staff: Elaine Deschamps (786-7441)

Background: National Surveillance of Health Care-Associated Infection: The United States Centers for Disease Control and Prevention (CDC) has collected data about hospital-acquired infections since 1970 through the National Nosocomial Infections Surveillance System. This program has been collecting information from approximately 300 large hospitals on a voluntary, confidential basis. Redesigned as the National Healthcare Safety Network in 2006,

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the new web-based program became available for use by all health care facilities in 2006. The database is intended to serve three functions:

- describe the epidemiology of health care-associated infections;
- describe the antimicrobial resistance associated with these infections; and
- produce aggregated infection rates suitable for interhospital comparisons.

From its collected data, the CDC estimates that approximately two million patients are infected each year as a result of the health care services that they received and about 90,000 of these patients die from those infections.

Washington State Requirements for Hospital Infection Control and Quality Improvement:

The Department of Health (DOH) hospital licensing standards require hospitals to maintain infection control programs to reduce the occurrence of hospital-acquired infections. As a part of this program, hospitals must adopt policies and procedures consistent with CDC guidelines regarding infection control in hospitals.

Hospitals are also required by statute to maintain a coordinated quality improvement program to improve the quality of health care services rendered to patients. Among other things, the program must:

- collect and maintain information on the hospital's experience with negative health care outcomes and incidents injurious to patients;
- provide education programs dealing with quality improvement; and
- make reports to the hospital's board.

Summary of Second Substitute Bill: Hospital Reporting of Health Care-Associated Infections: Acute care hospitals must collect and report data on health care-associated infections. This does not include ambulatory surgical facilities.

The data must be collected according to the definitions of the National Quality Forum, with reporting to the United States Centers for Medicare and Medicaid Services Hospital Compare (Hospital Compare) program. Reporting of specific categories of data will be phased in.

The DOH may add categories to be reported if they are reported under the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) and are found to be necessary to protect public health and safety, and may delete categories found to be no longer necessary to protect public health and safety. Hospitals must routinely submit the data to the NHSN in accordance with its requirements. Hospitals must release their hospital-specific NHSN report to the DOH. These reports obtained by the DOH, and the information contained in the reports, are not subject to public disclosure or discovery and are not admissible as evidence in a court proceeding.

The DOH may require reporting under the Hospital Compare program, instead of the NHSN, if certain criteria are met.

A stakeholder group will be convened by the DOH to review existing protocols for infection control at ambulatory surgical centers, with recommendations to the DOH by December 15, 2007.

Hospitals are also required to maintain and collect information on health care-associated infections in their quality improvement programs and to include infection control information in their quality improvement education programs.

DOH Annual Reports on Health Care-Associated Infections: By December 1, 2009, and at least annually thereafter, the DOH must prepare and publish a report on the agency's website that compares the health care-associated infection rates at each individual hospital using the data reported in the previous year. Reports may be updated quarterly. This report must not disclose information about individual patients and must not include data sets determined by the DOH to be too small or unrepresentative of a hospital's ability to achieve an outcome. The DOH must establish an advisory committee to develop recommendations and must consider methodologies related to health care-associated infections of the Centers for Disease Control and Prevention, the Hospital Compare program, the Joint Commission, the National Quality Forum, and the Institute for Healthcare Improvement. The advisory committee is expressly allowed to make recommendations on allowing a hospital to review and verify data to be released in the report and on excluding selected data from certified critical access hospitals. The DOH may respond to data requests, at the requestor's expense, for analysis consistent with confidentiality of patient records and quality improvement.

Hospital Infection Control Grants: An account is created from which the DOH may award hospital infection control grants to hospitals and public agencies for infection control and surveillance programs.

EFFECT OF CHANGES MADE BY RECOMMENDED STRIKING AMENDMENT(S) AS PASSED COMMITTEE (Health & Long-Term Care): Requires the primary reporting obligations to be based on the National Quality Forum definitions with reporting to the Centers for Medicare and Medicaid Services' hospital compare program.

Allows reporting to the Centers for Disease Control and Prevention as the default and makes National Quality Forum endorsed measures the primary reporting obligation.

The definition of hospital no longer includes ambulatory surgical facility.

A stakeholder group will be convened by the DOH to review existing protocols for infection control at freestanding and hospital owned ambulatory surgical centers. This group will make recommendations to DOH by December 15, 2007, regarding whether ambulatory surgical facilities should be subject to the requirement of this law.

Reporting to the Centers for Disease Control and Prevention will be required in 2008, 2009, and 2010, if the National Quality Forum measures are not available for reporting to the Centers for Medicare and Medicaid Services as determined by October of the preceding year.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Health & Long-Term Care): PRO: The cost that hospital infections add to health care is staggering. We should look at the specific types of infection. This is an appropriate role for government to be involved in. Public reporting of hospital infection rates stimulates changes that are needed. It is inexcusable that a family member should have to suffer numerous hospital- acquired infections. Hospitals should be required to report infection rates for purposes of protecting patients and employees for potential Labor and Industries claims.

OTHER: Hospitals are working hard to reduce infections. There are National Quality Forum standards which should be used; definitions should be consistent. We don't believe there is a problem with surgery centers. We should do a joint survey first to determine if there is a problem. We have a low incidence of infection because patients come to us healthier and under more controlled circumstances.

Persons Testifying (Health & Long-Term Care): PRO: Representative Campbell, prime sponsor; Janette Nuss, Charles Mortenson, citizens; Lisa McGiffert, Consumers Union.

OTHER: Lisa Thatcher, Washington State Hospital Association; Jim Jesernig, Olympic and Valley Surgery Center; Lynn Oliver, Bellingham Surgery Center; Lisa Everson, Lasert Surgery Center; Len Eddinger, Washington State Medical Association, Gail McGaffick, Washington State Podiatric Medical Association, Washington State Osteopathic Medical Association.

Staff Summary of Public Testimony (Ways & Means): None.

Persons Testifying (Ways & Means): No one.